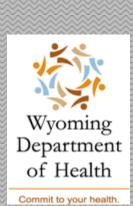
Hearing Our Consumer Voice:

The 2011 Consumer Survey



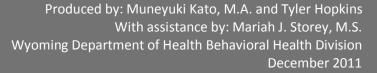




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Executive Summary

The Wyoming Department of Health, Behavioral Health Division (hereafter, the Division) provides funding to community treatment centers to deliver a broad array of mental health and substance abuse services to Wyoming citizens. These services are designed to offer a continuum of care that can address each client's unique needs.

To provide continuous quality improvement, the Division utilizes client satisfaction surveys to monitor client access to care, quality of care, and client outcomes. The data gathered from these surveys fulfill the requirements for completion of the Substance Abuse and Mental Health Service Agency (SAMHSA) Mental Health Block Grant application. Wyoming reports survey results for mental health and substance abuse services on the National Outcome Measures (NOMS). In 2011, the Division modified the Mental Health Statistics Improvement Program (MHSIP) survey [designed for mental health clients] so it would apply to substance abuse clients and to mental health clients. The Division reviews the results of the survey to determine "what works" and what could be improved to ensure that services are responsive to the needs of Wyoming clients.

In 2011, the Division obtained 2400 valid surveys statewide from eligible respondents (age 12+) who are receiving mental health and/or substance abuse treatment in Wyoming.

Overall, clients are satisfied with the mental health and substance abuse treatment services they received from the Community Mental Health Centers (CMHC) throughout Wyoming. Positive responses were consistent across all domains. Clients report satisfaction with the cultural sensitivity of agency staff. The vast majority of clients seem to be very satisfied with how they were treated by the agency staff ("Staff treated me with respect"). A vast majority of clients also report satisfaction with how staff communicated with them ("Staff spoke with me in a way that I understood"). Clients seem to be less confident that they have achieved satisfactory levels of control over circumstances of their life ("I am able to control my life"), which may be an outcome measure that needs further attention.

1. Introduction

Annually, the Wyoming Department of Health, Division of Behavioral Health (the Division) administers a survey to clients of the Division's contracted mental health and substance abuse treatment centers to seek input from the clients receiving services from these centers. The SAMHSA Mental Health Block Grant, via the CMHS Uniform Reporting System, requires analysis and reporting of the findings of those surveys. For this year's survey, center staff distributed the surveys in their waiting rooms. Completed surveys were forwarded to the Division; respondents remain anonymous.

2. Methods

2.1. Sampling considerations

- The survey uses a convenience sample: the questionnaire is given to all clients and family members in the waiting rooms of all Division-funded community mental health and substance abuse treatment centers.
- The Division encouraged center staff to survey all clients (youth and adult) receiving services in October 2011. Participation in the survey is voluntary. Not all clients who visit the center complete a survey.
- Clients who stopped receiving services before October 1, 2011 or who did not visit the centers in October 2011 are not included in the respondent pool.
- The survey sample may include clients who just started receiving services as well as clients who have been receiving services for a much longer period.
- Since the survey is not administered to all current clients of a center, nor is it administered to a statistically valid probability sample, survey results may not be truly representative of the opinions of all clients at all centers.

2.2. Questionnaire Development

The 2011 survey instrument collected data on indicators of specific relevance to Wyoming's publicly-funded mental health and substance abuse system. The questions included in the survey were adapted from the federal Mental Health Statistics Improvement Program (MHSIP) to ensure data comparability with national benchmarks. The MHSIP incorporates questions from three surveys: the Youth Services Survey for Families (YSS-F), the Youth Services Survey (YSS), and the Adult Mental Health Survey.

Survey items are logically grouped in seven domains (See Section 2.4. *Assessment Domains*), which are intended to answer the assessment's areas of interest.

The same survey instrument was used for both adult (age 18+) and adolescent (age 12-17) clients of Wyoming mental health and/or substance abuse treatment centers.

In August 2011, the Division sent out the draft survey to all center directors, asking them to rate the relevance of the proposed survey items and to identify whether they thought each item should be kept or removed. Data analysts at the Division used Cronbach's alpha to determine whether removing a question from the scale

(domain) it was part of would affect the reliability of the scale and the comparability to surveys from previous years. The final survey questionnaire is provided in Appendix A.

The survey consists of positively framed statements scored using a Likert scale that ranges from strongly agree to strongly disagree and includes *neutral* and *not applicable* choices. Strong agreement with a statement generally translates into high level of satisfaction or a positive outcome, which in turn translates into a positive rating of the performance of the centers that are being assessed.

As indicated, the same survey instrument was used for both adult (age 18+) and adolescent (age 12-17) clients of mental health and/or substance abuse treatment centers. The Division provided 30 community mental health and substance abuse treatment centers with printed copies of the client survey and asked that they be distributed in their waiting room(s) in October 2011. Clients were instructed to complete the surveys and to place completed surveys in a box or envelope, located in the waiting rooms. The centers regularly gathered completed surveys and mailed them to the Division for data entry. Center staffs were instructed to return all surveys to the Division by the end of the first week of November, 2011. Most centers were able to keep that schedule.

At the close of data collection, a total of 2557 completed surveys from 30 centers were returned to the Division. The distribution of completed surveys by center is presented later in the report.

2.3. Assessment Domains

The following seven domains are used to assess the quality and effectiveness of services provided to clients of mental health and substance abuse treatment centers.

Access: Access to services, convenience of service location, and waiting time to get an initial appointment.

Cultural Sensitivity: Respect and sensitivity of the center staff towards the client's culture.

Outcomes: Perceptions of getting along better with others, living in a safe and stable environment, obtaining education or employment, and improving health.

Quality and Appropriateness of Services: Perceptions of service quality and whether services met client's needs.

General Satisfaction: The client's general assessment of the center's services.

Social Connectedness: Availability of a social support system and network (i.e., family and friends) supportive of the client's recovery.

Treatment Planning: The client's involvement with treatment planning and participation in developing service goals and in making decisions regarding treatment.

2.4. Data Compilation and Analysis

Statewide, the Division received 2557 completed surveys from 30 community mental health and substance abuse treatment centers. Completed surveys were transferred manually into a database and then exported into the IBM SPSS Statistics (Statistical Package for the Social Sciences), version 19 for analysis. Of all completed surveys, 157 surveys did not meet eligibility criterion (e.g., were completed by, or on behalf of, individuals younger than 12 years where age was missing). After excluding the ineligible surveys, a total of 2400 surveys remained. Because some respondents did not answer some questions on the survey, the number of respondents for any given question may not total 2400.

Items were analyzed individually and by the seven domains; domain scores were calculated in accordance with nationally established methods, following the guidelines of the CMHS Uniform Reporting System As mentioned above, the data analysts calculated domain scores in accordance with nationally established methods. These methods dictate the following steps to calculate domain scores. First, if no answer is provided or a response of "not applicable" is given, these are considered invalid responses and are coded as missing values. The number of questions within each domain that have valid responses is examined for each record: if at least two-thirds of the questions in that domain have valid responses, the values for that record are included in the calculation of the domain score. If any given record does not meet these requirements, this record is not included in the calculation of the domain score. These steps are repeated for all of the seven domains.

Domain scores range from one to five in a continuous scale. The domain score of one represents the lowest level of agreement (e.g., strongly disagree), which translates to dissatisfaction/negative outcome, and negative rating respectively, while a score of five represents the highest level of agreement (e.g., strongly agree), which equates to high level of satisfaction/positive outcome and positive rating for that domains.

Data analysts calculated the number of negative assessments (domain scores between 1.0 and 1.5), neutral assessments (scores between 1.51 and 3.49), and positive assessments (scorers between 3.5 and 5.0) (See Figure 4), as well as the mean score for each domain (See Table 2).

3. Survey Results

3.1. Demographics

Figure 1 shows how the 2400 eligible completed surveys are distributed among the mental health and substance abuse treatment centers which administered the 2011 survey. Most surveys (43%) came from three centers: Southwest Counseling Service (n=351), Central Wyoming Counseling Center (n=349), and Peak Wellness Center (Laramie County) (n=334), which is reflective of the size of the center.

Figure 1. Completions by Center.



Figure 2 displays the distribution of respondents by age. The 25-34 age group provided the most respondents (23% of all eligible respondents) and the 65+ age group the least (4% of all eligible respondents), which very likely is reflective of the age distribution of the center's client pool.

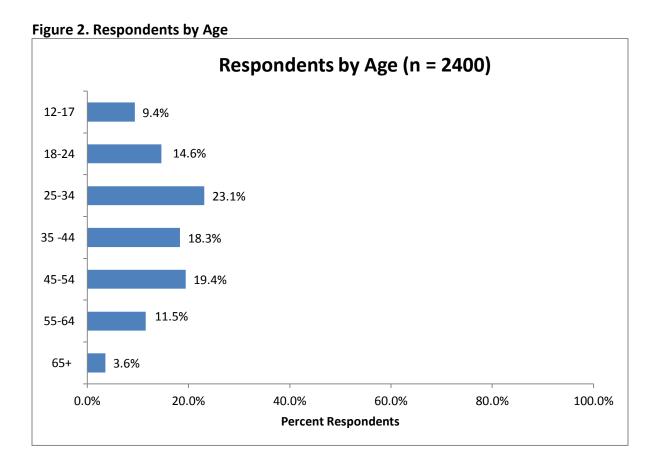
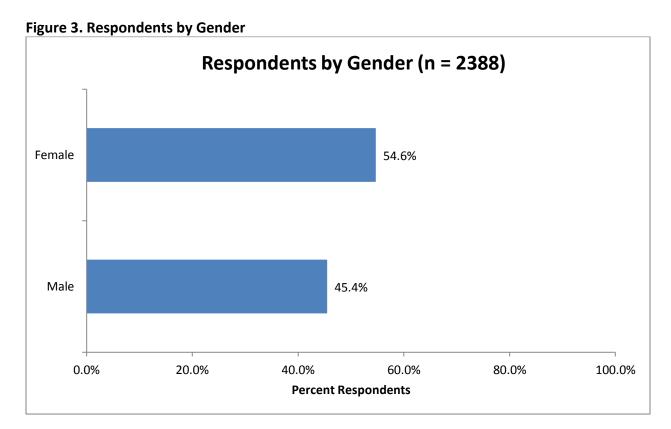


Figure 3 displays the gender distribution of respondents. Consistent with other surveys, more females (55%) than males (45%) completed the survey. Among the 2400 eligible respondents, 12 respondents did not answer the gender question.



3.2. Assessment of Services

The effectiveness of the services provided by community mental health and substance abuse treatment centers is assessed by measuring the level of clients' agreement with positively framed statements using a Likert scale. For the analysis, the statements are grouped into the seven domains listed in the Methods section of this report.

Table 1 presents the survey results for all items organized by domain. Responses of "strongly agree" and "agree" are combined for ease of comprehension. Clients responded favorably across domains. The highest level of agreement is with the statements "Staff treated me with respect" and "Staff spoke with me in a way that I understood"—93% of respondents either strongly agreed or agreed with these statements.

Table 1. Results for all statements organized by domain

Outcomes I am better at handling daily life. I am better able to handle things when they go wrong. I am better able to take care of my needs. I am able to control my life.	2328 2324 2316 2320 2341	75.6% 72.2% 74.1% 71.1%
I am better at handling daily life. I am better able to handle things when they go wrong. I am better able to take care of my needs. I am able to control my life.	2324 2316 2320	72.2% 74.1%
I am better able to handle things when they go wrong. I am better able to take care of my needs. I am able to control my life.	2324 2316 2320	72.2% 74.1%
I am better able to take care of my needs. I am able to control my life.	2316 2320	74.1%
I am able to control my life.	2320	
·		71.1%
	2341	
Social Connectedness	2341	
I am happy with the friendships I have.		73.9%
In a crisis, I have the support I need from family or friends.	2343	74.6%
I have people with whom I can do enjoyable things.	2335	76.4%
Access		
The location of services was convenient.	2356	81.8%
Services were available at times that were good for me.	2345	83.6%
I was able to get all of the services I thought I needed.	2306	83.0%
Quality and Appropriateness		
(If you receive prescription medicine) Staff told me what side effects to watch for.	1466	71.5%
Staff encouraged me to take responsibility for how I live my life.	2307	88.5%
Staff helped me obtain the info needed so I could take charge of managing my illness.	2072	79.9%
Treatment Planning		
I, not staff, decided my treatment goals.	2207	67.6%
I felt comfortable asking questions about my treatment and medication.	2191	84.8%
General Satisfaction		
I would recommend this agency to a friend or family member.	2324	85.9%
I got the help I wanted.	2316	83.5%
Overall, I am satisfied with the services I received.	2330	87.8%
Cultural Sensitivity		
Staff were sensitive to my cultural/ethnic background.	1961	82.2%
Staff treated me with respect.	2342	93.0%
Staff spoke with me in a way that I understood.	2348	92.6%

Figure 4 shows the rating results for each of the seven domains. A "positive" rating includes domain scores between 3.5 and 5.0. A "neutral" rating includes domain scores between 1.51 and 3.49. And a "negative" rating includes domain scores between 1.0 and 1.5. Cultural Sensitivity is the domain rated positively by the most respondents—93% of respondents gave this domain a mean score of 3.5 or higher. The domain rated positively by the least number of clients is Social Connectedness.

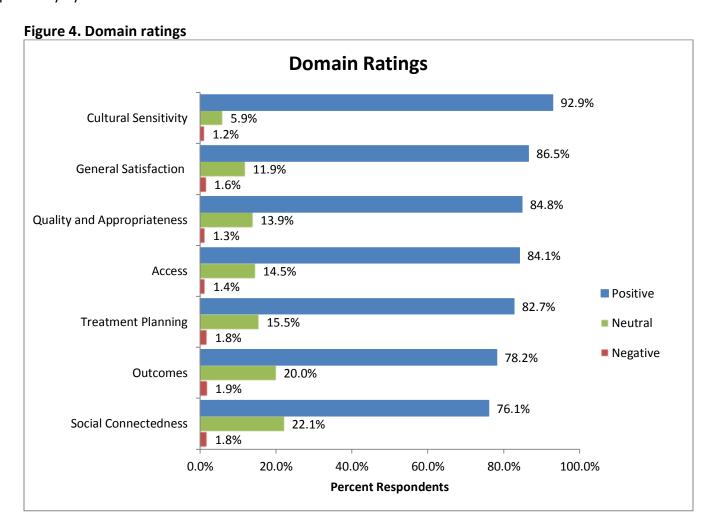


Table 2 displays the mean domain score, in descending order, for each domain. Mean scores range from 3.93 to 4.37 (on a scale of 1 low and 5 high). Consistent with the results presented in Figure 4, Cultural Sensitivity commands the highest mean score. The mean score for the Outcomes domain, although high, received the lowest mean score.

Table 2. Domain mean scores.

Domain	Number of respondents scoring domain items	Mean Score
Cultural Sensitivity	2345	4.37
General Satisfaction	2337	4.24
Quality and Appropriateness	2077	4.12
Access	2362	4.11
Social Connectedness	2352	3.99
Treatment Planning	2106	3.98
Outcomes	2325	3.93

4. Conclusions

Overall, the survey results show that clients' perception of services received is favorable. However, a limitation of this study is that consumer voices may not be well enough represented since a convenience sample rather than a probability sample was used. To address this issue, the Division and the mental health and substance abuse treatment centers may want to work together in the coming year to design a survey administration protocol that is consistent across agencies and employs a probability sample of all clients of any given center.

Appendix A: 2011 Wyoming Mental Health Consumer Survey Instrument

2011

Mental Health and Substance Abuse Survey



We are interested in hearing how people evaluate the mental health and/or substance services they are receiving. Your participation is completely voluntary and your responses are anonymous. Please give your honest opinion of services. We look forward to reviewing the information and finding ways to improve services. Once you complete the survey, please insert the survey into the provided envelope.

The questions below refer to: **CMHC Name**

1. Your age (in years):						
2. Your gender: ☐ Male ☐ Female						
3. Are you Hispanic? ☐ Yes ☐ No						
4. Your race/ethnicity? Check all that apply.						
☐ White/ Caucasian ☐ African American/ Black		ative An	nerican/	Alaskan	Native	
\square Asian/ South/ Pacific Islander \square Other (please specify) $_$						
5. How did you become involved in receiving services from this cent	ter? (Che	ck the p	rimary r	eason or	ıly):	
☐ I decided on my own ☐ I was encouraged by ot	hers		□Iwa	s require	ed to con	ne
As a direct result of services received in the past 6 months:						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
6. I am better at handling daily life.						
7. I am better able to handle things when they go wrong.						
8. I am better able to take care of my needs.						
9. I am better able to control my life.						

		Strong Disagre	Disagre	Neutra	Agree	Strong Agree	NA
10.	I am happy with the friendships I have.						
11.	In a crisis, I have the support I need from family or friends.						
12.	I have people with whom I can do enjoyable things.						
Plea	ase provide feedback about the services you received:						
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
13.	The location of services was convenient.						
14.	Services were available at times that were good for me.						
15.	I was able to get all of the services I thought I needed.						
16.	(If you receive prescription medicine) Staff told me what side effects to watch for						
17.	Staff helped me obtain the info needed so I could take charge of managing my illness.						
18.	I, not staff, decided my treatment goals.						
19.	I felt comfortable asking questions about my treatment and medication.						
20.	I would recommend this agency to a friend or family member						
21.	I got the help I wanted.						
22.	Overall, I am satisfied with the services I received.						
23.	Staff were sensitive to my cultural/ethnic background.						
24.	Staff treated me with respect.						
25.	Staff spoke with me in a way that I understood.						
26.	Staff encouraged me to take responsibility for how I live my life.						

Please answer the following questions, thinking about your relationships with persons other than your provider:

27.	What has been the most helpful thing about the services you have been receiving?
-	
-	
•	
8.	What would improve services here?
-	
-	
-	
-	
29.	Any Additional Comments or Thoughts?
-	
•	
-	

Thank You!

